

EDUCATION AND TRAINING VOUCHER APPLICATION

Follow all directions and answer each question completely, to the best of your ability.

Do NOT sign application certification until all information is complete (see "check list" at end of form).

Mail completed and signed application to:
AzETV Coordinator (per instructions) OR
ILP Coordinator
2328 W. Guadalupe Rd.
Gilbert, AZ 85233

Tel: (480) 545-1901 ext.15886

FOR OFFICE USE ONLY

Date Application
Received: _____

Total Amount Granted:

Date(s) /Amount Disbursed:

Please check one:

___New Application (first time applying for **Education/Training Voucher**)

___Renewal Application (Note: Skip I - IV if nothing has changed.)

STUDENT INFORMATION: Name: (please include maiden name if married) _____		DOB: _____	SS# _____
Current Address: (Include separate mailing address, if different) _____			
Phone No. _____		Email address: _____	
I. Foster Care Status: Formerly a foster youth in Arizona <input type="checkbox"/> Currently/Formerly in other State or Tribal System <input type="checkbox"/> Currently a foster youth in Arizona <input type="checkbox"/> Case Manager's Name/#: _____ Name of State or Tribe: _____ Contact Name/#: _____			
II. (For statistical use only) Were you adopted from foster care? <input type="checkbox"/> No <input type="checkbox"/> Yes Age adopted: ____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Ethnicity (check all that apply) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Other:			
III. EDUCATION/TRAINING HISTORY High School/GED Completed? Yes <input type="checkbox"/> Date _____ No <input type="checkbox"/> Currently enrolled? Yes <input type="checkbox"/> No <input type="checkbox"/> If not currently enrolled, what was the last grade you completed? _____		Vocational, Trade or other program completed: _____ Degree or Diploma and date received or anticipated: _____	

IV. PROPOSED EDUCATION/TRAINING PROGRAM

☐ University/College ☐ Community College ☐ Voc/Tech School (more **than** 1 year)

☐ Voc/Tech School (**less than** 1 year) ☐ Other (Specify): _____

Name of school/training program: _____

Education or Training Goal: please state your specific education/vocational training goal (e.g. My goal is to earn my massage certification and become employed at a local resort or spa).

Proposed Start Date: _____

Attendance

☐ Part Time # credits/hrs. _____

☐ Full Time # credits/hrs. _____

☐ Other # credits/hrs. _____

Proposed Completion

Date: _____

Have you been accepted?

(If yes, attach letter of acceptance)

☐ Yes

☐ No

Have you completed a FAFSA? (Federal Financial Aid for Pell Grant)

Yes ☐ No ☐ (reason) _____

V. FINANCIAL INFORMATION

Expenses		A. TOTAL COST OF ATTENDANCE	
EDUCATION RELATED	Please note per term or total program if less than a year	"Up Front"/Pre-Attendance Expenses	\$
Tuition	\$	Total Education Related (term)	\$
Fees	\$	Total Living Expenses (term)	\$
Books	\$	Total Cost of Attendance	\$
Computer/Printer (\$1500.00 max.)	\$	INCOME	
Supplies/Software	\$	Pell Grant	
Other	\$	AFFCF Scholarship	
Other	\$	Student Loans	
Total per term	\$	Other federal funds, i.e. SSI/SSA	\$
		Other grants or scholarships	\$
LIVING EXPENSES	Please note living expenses per month	Total Income	\$
Transportation	\$	TOTAL ETV REQUEST	
Rent	\$	Total Cost of Attendance	\$
Food	\$	(Minus) Total Income	\$
Utilities	\$	(Equals) Total Need	\$
Child Care	\$	Date Needed	
Phone	\$		
Cable/Internet	\$		
Clothing	\$	ETV Approved (For Office Use Only)	\$
Personal Care	\$		
Other (specify)	\$		

Other (specify)	\$		
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Please note any barriers to your completion of, or enrollment in, a postsecondary program:

- | | | |
|---|--|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Employment | <input type="checkbox"/> Preparation/Organization |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Mentor Support | <input type="checkbox"/> Mental Health Needs |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Special Education Needs | |
| <input type="checkbox"/> Other (Please be specific) _____ | | |

Comments: _____

#4 Mentors

Are you currently involved with a mentor? ☐ Yes ☐ No

Would you like to become involved with a mentor? ☐ Yes ☐ No (If you mark "yes", the AzETV Coordinator will contact you to discuss currently available resources and assist you to make arrangements to become involved in a mentor program.)

#6 VERIFICATION

I HEREBY CERTIFY that I will use the Education and Training Voucher funds only for expenses outlined in this application, and accept responsibility to participate fully in my educational program.

I AGREE to provide copies of grade reports, attendance records or other documentation as requested, as documentation of my progress in my program.

I UNDERSTAND that any misuse of funds, or lack of progress in my education program may result in termination of funding through this program.

I HEREBY CERTIFY that I am in need of financial assistance to continue my education. I affirm that I have fully read and completed the voucher application. I affirm the correctness of the foregoing answers and information provided on this application and supporting documents. If my financial conditions change from that stated in this application, I will promptly inform the AzETV Coordinator.

Your Signature

Date

DID YOU REMEMBER:

CHECK LIST NEW: Documents Needed to Complete NEW Application (for new applicants)

- ☐ Completed ETV Application (this form)
- ☐ If currently enrolled in proposed school/program, copy of most recent transcript
- ☐ Copy of FAFSA (Free Application For Federal Student Aid) or summary report
- ☐ Copy of acceptance letter into proposed school/program
- ☐ Information on proposed course of study/school/program

CHECK LIST RENEWAL: (For Continuing Students)

- ☐ Completed ETV Application (this form)
- ☐ A copy of your grades
- ☐ Class Schedule
- ☐ Any updated FAFSA report or additional financial aid you expect to receive.

